

DESCRIPTION OF LIMITATIONS

1. Inpatient Hospital Services. Prior authorization is required for services provided outside the state by non-border status providers in non-emergency circumstances, for transplant services and for ventilator dependent services. Other professional services that require prior authorization outside the hospital, often require prior authorization when provided in a hospital.
- Eff. 4-1-93
- Other limitations include, but are not limited to: circumstances for private room accommodations; restrictions on non-therapeutic sterilizations; requirements for separate billing of independent professional services; and restrictions to avoid duplicative and unnecessary payments.
- 2.a. Outpatient Hospital Services. Prior authorization restrictions apply to these services as required by the area of service.
- 2.b. Rural Health Clinic Services. Services provided by rural health clinics are subject to the same prior authorization requirements and other limitations as applied to covered services in the Medical Assistance Program.
- 2.c. Federally Qualified Health Centers. Prior authorization and other limitations required for various medical disciplines as described in HSS 107, Wis. Admin. Code are applicable.
- Eff. 10-1-91
- 2.d. Health Center Ambulatory Services. Prior authorization and other limitations required for various medical disciplines as described in HSS 107, Wis. Admin. Code are applicable.
- Eff. 10-1-91
- 4.a. Nursing Facility Services. Prior authorization is required for rental or purchase of a specialized wheelchair. Levels of service required are stipulated by the recipient's plan of care, subject to guidelines described in HSS 107.09(3).
- 4.c. Family Planning Services. Sterilization procedures require prior authorization and informed consent as mandated under federal regulations.

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5.a. Physician's Services. The Department imposes some payment and  
Bff. benefit limitations on some specific physician services. Many of  
4-1-93 these limitations are based on quantity and frequency, diagnoses,  
provider specialty, or the place the service is provided. In  
addition, some procedures require prior authorization and/or a  
second surgical opinion. Examples of physician services in each of  
these areas are listed below:

Services with Quantity and Frequency Limitations - Services with quantity and frequency limitations include: evaluation and management visits in the office, outpatient clinic and inpatient hospital nursing home; routine foot care; specific injections; weight alteration programs; fetal monitoring; clozapine management, and multiple surgeries performed on the same day.

Services with Diagnosis Limitations - Services with diagnosis limitations include: certain injections, routine foot care and application of Unna boots.

Services with Provider Specialty Limitations - Provider specialty limitations are imposed on physicians providing obstetric and pediatric services, and those performing evoked potentials testing.

Services with Place of Service Limitations - Place of service limitations are imposed on medication management in the home and on critical or prolonged care provided in the emergency department.

Services that Require Prior Authorization - To insure that a procedure is medically necessary, to demonstrate that the procedure is not primarily cosmetic or for the convenience of the recipient, to assure that the procedure is not experimental in nature, and to allow the Department to determine the treatment is the most cost-effective available, the provider must obtain prior authorization for the following categories of procedures:

- 1) Surgical or other medical procedures of questionable medical necessity but deemed by the Department to be essential to correct conditions that cause significant impairment to the recipient's interpersonal adjustments or employability;

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- 2) Surgical procedures or medical procedures that the Department deems redundant, outdated or marginally effective;
- 3) Transplants;
- 4) Sterilizations (to conform with federal and state regulations and limitations);
- 5) Temporomandibular surgery.

Second Surgical Opinion - Elective surgeries that require the recipient obtain a second surgical opinion include but are not limited to: cataract extraction; cholecystectomy; hemorrhoidectomy; diagnostic D & C procedures; inguinal hernia repair; hysterectomy; joint replacement, hip or knee; tonsillectomy/adenoidectomy; varicose vein surgery.

5.b. Dental Services. The same prior authorization and other  
Eff. limitations required under item #10 and 12.b. apply.  
10-1-91

6.a. Podiatry Services. Prior authorization is required for electric  
Eff. bone stimulation. Maintenance care is limited to once per 61 day  
7-1-90 period under certain conditions. For other service limitations,  
see s. HSS 107.14(3), Wis. Admin. Code. All orthopedic and  
orthotic services, including repairs, orthopedic and corrective  
shoes and supportive devices, services correcting "flat feet," and  
treatment of subluxation of the foot are not covered.

6.b. Vision Care Services. (Optometry) Prior authorization is required  
Eff. for certain types of lenses and frames, antiseikonic services,  
1-1-93 prosis crutch services, low vision services, certain  
ophthalmological services and vision training. Frames, lenses and  
replacement parts must be obtained through the volume purchase plan  
provider, unless prior authorized. Anti-glare coating, spare  
eyeglasses and sunglasses, and services provided primarily for  
convenience or cosmetic reasons are not covered.

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6.c. Chiropractic. Prior authorization is required for services beyond  
Eff. the initial visit and 20 spinal manipulations per spell of illness.  
3-1-86 Consultations are not covered.

6.d. Other Practitioners

Eff.  
4-1-93 Other Nurse Practitioners and Clinical Nurse Specialist Services.  
Included are other primary care nurse practitioner and clinical  
nurse specialist services not covered under item #23. Services are  
subject to limitations imposed on specific disciplines within the  
scope of practice of the nurse. These services include medical  
services delegated by a licensed physician through protocols,  
pursuant to the requirements set forth in the Wisconsin Nursing Act  
and the guidelines set forth by the medical examining board and the  
board of nursing. Other practitioner services are subject to the  
same limitations imposed on physician services under item #3 to  
enable the Department to monitor and regulate the following:  
medical necessity, cost, frequency and place of service.

Medication management includes in-home administration of  
medications other than those given intravenously, prefilling  
syringes for self injection when the recipient is not capable,  
setting up medications for self-administration, and programming  
dispensers. Instructing the recipient may be covered when provided  
in conjunction with these activities but not covered if it is the  
only activity.

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*including medication  
as defined  
below*

7. Home Health Care Services. Home health skilled nursing and therapy services are provided to a recipient who, due to his/her medical condition, is unable to leave home to obtain necessary medical care and treatment and therefore, must receive this care at home. However, a recipient who can leave the home but cannot reasonably be expected to obtain this care outside the home, or cannot obtain medically necessary services from an appropriate provider outside the home may receive home care. Medically necessary home health aide services are available, irrespective of the recipient's ability to leave his/her residence.

Eff.  
1-1-92

Similar to Medicare, a visit may be of any duration, with prior authorization required after 30 visits of any combination of RN, LPN, home health aide or therapy services, including medication management. Skilled nursing and therapy services are available for recipients who require less than eight hours of a day with home health aide services provided up to 24 hours a day as the recipient's condition requires. Various limitations apply based on appropriate nursing practices, state licensure, and Medicare/Medicaid certification requirements.

Medication management includes administration of medications other than those given intravenously, prefilling syringes for self injection when the recipient is not capable, setting up medications for self-administration, and programming dispensers. Instructing the recipient may be covered when provided in conjunction with these activities but not covered if it is the only activity.

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Eff. Clozapine Management. Clozapine Management is a covered service  
7-1-95 when all of the following conditions are met:

- a physician has prescribed clozapine,  
the recipient is currently taking clozapine or has taken it  
within four weeks,
- the dispensing pharmacy has received prior authorization for  
clozapine,
- the provider of clozapine management has received prior  
authorization for that service.

Providers of clozapine management work under the general supervision of a physician or a pharmacist and include Medicaid-certified, licensed pharmacies and Community Support Programs (CSP). Qualified pharmacy staff include pharmacists, nurses, pharmacy technicians and others with equivalent training, knowledge and experience. Qualified CSP professional staff are designated in the approved CSP treatment plan component regarding clozapine management services.

Components of clozapine management include the following services as appropriate:

- a. Ensuring the recipient has the required weekly white blood count testing. The provider may draw the blood or transport the recipient to a clinic, hospital, or laboratory to have the blood drawn, if necessary. To perform this service, the provider may travel, if necessary, to the recipient's residence or other places in the community where the recipient is available.
- b. Ensuring the blood test results are reported in a timely fashion to the pharmacy dispensing the recipient's clozapine.
- c. Ensuring abnormal blood test results are reported to the physician who prescribed the recipient's clozapine.
- d. Ensuring the recipient receives medications as scheduled, ensuring the recipient stops taking medication when the blood test is abnormal, if so ordered by the physician, and receives any physician-prescribed follow-up care to ensure that the recipient's physical and mental well-being are maintained.
- e. Making arrangements for the transition and coordination of the use of clozapine and clozapine management services between different care locations.
- f. Maintaining appropriate records.

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- 7.c. Medical Supplies and Equipment. The Department requires prior authorization or imposes payment and benefit limitations for the repair, modification, rental or purchase of most medical supplies and equipment to enable the Department to monitor and regulate the following: cost, frequency, place where the recipient receives the service, and recipient's medical diagnosis or functional conditions under which the items will be reimbursed. These medical supplies and equipment include, but are not limited to: durable medical equipment, disposable supplies, hearing aid and related materials, and orthoses.

The following medical supplies and equipment are not covered: items that are not primarily medical in nature, are not proven to be therapeutically effective, or do not contribute to the improvement of a recipient's medical or functional condition; and items or features that are primarily for a recipient's comfort and convenience.

- 7.d. Physical, Occupational and Speech Therapy and Audiology Provided by  
Eff. Medical Rehabilitation Facility The prior authorization  
3-1-86 requirements and other limitations are described below in item #11.

8. Private Duty Nursing. Prior authorization is required for all  
Eff. private duty nursing services. These services may be provided only  
1-1-92 if the recipient requires 8 or more hours of skilled nursing care a day.

9. Clinic Services. All prior authorization requirements for services  
Eff. apply as appropriate. Second surgical opinion requirements also  
3-1-86 apply (see #5 above).

10. Dental Services. Dental services are limited to the basic services  
Eff. within each of the following categories: diagnostic services,  
3-1-96 preventive services, restorative services, endodontic services, periodontic services, fixed and removable prosthodontic services, oral and maxillofacial surgery services, and emergency treatment of dental pain. The following are examples of services not covered:

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10. Dental Services. (Continued)

dental implants and transplants; services for cosmetic purposes; overlay and duplicate dentures; precious metal crowns; professional visits; drug dispensing; adjunctive periodontal services; alveoplasty and stomatoplasty; and non-surgical temporomandibular joint therapy. Several services are provided only in specified circumstances or as referred through a HealthCheck (EPSDT) screen. For other limitations and a listing of those services requiring prior authorization, see the WMAP Dental Provider Handbook, Part B.

11. Physical Therapy and Related Services. Prior authorization is required for physical and occupational therapies, and speech pathology after 35 treatment days per spell of illness. (See HSS 107.16(2) through .18(2), Wis. Administrative Code). Services for recipients who are hospital inpatients or receiving therapy through a home health agency are not subject to this requirement. For audiology, prior authorization is required for speech and audiotape, aural rehabilitation and dispensing of hearing aids. See HSS 107.19.

12.a Prescribed Drug Products. All Schedule III and IV stimulant drugs as listed in the Wisconsin Medical Drug Index, enteral and parenteral nutrition products, and certain other drug products entailing excessive cost or utilization require prior authorization. Other limitations apply to the frequency of dispensing certain drug products. General categories of over-the-counter drug products which are covered are: antacids, analgesics, insulins, contraceptives, cough preparations, ophthalmic lubricants, and other medically necessary, cost effective drug products including some non-legend products that previously had legend drug status.

Payment will be restricted to only those drug products supplied by manufacturers that have a signed federal rebate agreement or an approved existing agreement when required by federal law.

Drugs or classes of drugs or medical uses restricted by state option:

1. NA

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- 12.b Dentures. Prior authorization is required.
- 12.c Prosthetic Devices. Prior authorization is required for most prostheses, hearing aids and other medical equipment in the Wisconsin Durable Medical Equipment and Supplies indices, except for certain ophthalmological prostheses. Prior authorization also is required for most items not in the indices.
- 12.d Eyeglasses. When frames and lenses services are provided by the same provider, prior authorization is required to exceed the following limitations in a 12 month period: one original pair; one unchanged prescription replacement pair; and one replacement pair with a documented changed prescription meeting Department criteria. Tinted lenses, occupational frames, certain glass and lens types and frames and other vision materials not obtained through the volume purchase plan also require prior authorization. Anti-glare coating, spare eyeglasses and sunglasses, and services provided primarily for convenience or cosmetic reasons are not covered.
- 13.d Rehabilitative Services
- Eff.  
3-1-86
- 1-1-93 Community Support Program Services. Community Support Programs (CSP) provide a compendium of medical and psychosocial/rehabilitative services, enabling the recipient to better manage the symptoms of his/her illness, to improve independence, and to achieve effective levels of functioning in the community. Recipients able to benefit from mental health treatment and restorative services provided in a community setting on a long-term basis will experience a reduction in the incidence and duration of institutional care they might otherwise need.
- An MA recipient who is eligible for these services has a diagnosed, severe long-term illness which puts the person at significant risk of continued institutionalization. The recipient is seriously impaired in the basic areas of everyday functioning, and traditional mental health outpatient treatment on a regular basis for at least a year has proven ineffective.

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13.d Community Support Program Services. (Continued)

Agencies providing MA CSP services must be certified by the Department of Health and Social Services. Certification requires that direct supervision of treatment staff providing services is performed by a clinical coordinator who has appropriate education and clinical experience with long-term mentally ill persons; a psychiatrist must be available to provide direction and necessary psychiatric services; an in-depth assessment is completed within 30 days; and a comprehensive treatment plan is developed and reviewed at least every six months.

Services are focused on increasing the recipient's ability to gain and maintain normal functioning in the community and at home. Following in-depth assessment and mental health treatment planning, rehabilitative treatment and activities are structured to ameliorate the effects of illness on the recipient's ability to perform personal care and social activities of every-day living. Restorative care is provided to enable the recipient to seek and maintain employment; to obtain necessary medical, legal, financial and governmental services; and to acquire and maintain adequate housing. In addition, a medical treatment component affords family, individual and group psychotherapy, medication administration and monitoring, 24-hour crises intervention, and ongoing psychiatric and psychological evaluation. Finally, community support program services include case management ongoing monitoring and service coordination activities. The majority of psychosocial/rehabilitative treatment activities as well as medical treatment is provided in the community or the recipient's home to afford maximum support for the recipient in meeting treatment goals.

A recipient may not receive other psychotherapy or outpatient mental health services available under the Plan if the person is receiving CSP services. Services not covered under this category include: services to residents of SNFs, ICFs, IMDs and hospital patients unless the services are performed to prepare the recipient for discharge to reside in the community; services related to specific job seeking and placement activities; services performed by volunteers; and recreation.

CSP services may include Clozapine management. See description under 6d. Other Practitioners.

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